

**MINUTES OF MEETING OF  
HEALTH STRATEGIES COUNCIL**

Department of Community Health, Division of Health Planning  
The Shepherd Center  
2020 Peachtree Road, NW  
Atlanta, Georgia 30309  
**Friday, May 23, 2003**

■  
11:00 am – 1:00 pm

**Daniel W. Rahn, M.D., Chair, Presiding**

**MEMBERS PRESENT**

William G. "Buck" Baker, Jr., MD  
Honorable Glenda M. Battle, RN, BSN  
Harve R. Bauguess  
David Bedell, DVM  
Tary Brown  
W. Clay Campbell  
Katie B. Foster  
Reverend Ike E. Mack  
Felix Maher, DMD  
Julia L. Mikell, MD  
James G. Peak  
Raymer Martin Sale, Jr.  
Toby D. Sidman  
Catherine Slade  
Tracy M. Strickland  
Katherine L. Wetherbee  
David M. Williams, MD

**GUESTS PRESENT**

Armando Basarrate, Parker, Hudson, Rainer & Dobbs  
Charlotte W. Bedell, Tift County Commissioner  
Bill Calhoun, Langley & Lee  
Joy Davis, Rockdale Hospital  
Kim Gay, APS  
Mark Johnson, Shepherd Center  
Tammy King, Shepherd Center  
Jean O'Connor, JD, MPH, Governors Office of The Consumers' Insurance Advocate  
Savannah Potter, Esq., Georgia Association for Women Lawyers  
Ameenah Shaheed-Rasool, Winship-Grady Breast Care Center  
Kevin Rowley, St. Francis Hospital  
James Shepherd, Shepherd Center

**MEMBERS ABSENT**

Edward J. Bonn  
Elizabeth Brock  
Anthony J. Braswell  
Nelson B. Conger, DMD  
Charlene M. Hanson, Ed.D., FNP  
Sonia Kuniansky  
Honorable Evelyn Turner-Pugh  
Oscar S. Spivey, MD  
Kurt M. Stuenkel, FACHE

**STAFF PRESENT**

Valerie Hepburn  
Ben Robinson  
Stephanie Taylor

## **WELCOME & CALL TO ORDER**

Dr. Rahn called the meeting to order at 11:10 am. He welcomed members and guests and thanked the Shepherd Center for hosting today's meeting.

## **PRESENTATION FROM SHEPHERD CENTER**

Dr. Rahn called on James Shepherd, Chairman of the Board, to provide Health Strategies Council members and guests with information about the Shepherd Center (Center). Mr. Shepherd welcomed everyone to the Center and thanked the Council for the opportunity to address the group. He shared his personal experiences that became the catalyst for developing the Center. He said that the mission of the Center is to help people who have experienced a catastrophic injury or disease rebuild their lives with dignity, hope and independence. He talked about the range of programs and services that are offered to patients and their families, research initiatives and some of the challenges to the hospital system. An information packet, along with a CD that provides a virtual tour of the hospital, was provided to council members and guests.

## **REVIEW AND APPROVAL OF MINUTES OF FEBRUARY 28, 2003**

A motion to accept the minutes of February 28, 2003 was made by Jim Peak, seconded by William "Buck" Baker.

## **PRESENTATION ON THE STATE PLANNING GRANT FOR THE UNINSURED**

Jean O'Connor, JD, MPH provided an overview of the Georgia Healthcare Coverage Project. This project is the result of a State Planning Grant for the Uninsured awarded by the Health Resources and Services Administration (HRSA) of the US Department of Health & Human Services. It was awarded to the Governor's Office of the State of Georgia in July 2002 and provides the state with the resources to collect data for formulating and evaluating policy options to reduce or eliminate the number of uninsured citizens in Georgia. Georgia is one of 32 states with the State Planning Grants.

The Georgia Association of Primary Health Care, Department of Community Health/Office of Rural Health Services, Georgia Hospital Association, Grady Health System and the American Medical Association spearheaded this project. Ms. O'Connor said that the data collected in the process revealed that access to health insurance is a statewide problem, not isolated within any particular city or area. It also showed that uninsured Georgians are of all income levels, employment situations, races and ethnicities, and ages, with some segments of Georgia's population more affected than others. She noted that the data collection effort is ongoing and will be made available at different times throughout the year. She emphasized that the intent of this effort is to provide policy makers with data and information to evaluate legislation and existing laws that evaluate current programs, to justify the need for programs for the uninsured and to support the second phase of the State Planning Grant for the Uninsured. The second phase of the planning grant will formulate and evaluate policy options that take into consideration the challenge of providing Georgians access to healthcare through health insurance or other financing options. Some highlights of the presentation include:

- 29% of males and 24% of females between 19 and 24 are uninsured;

- Women between 55 and 65 are three times more likely than men of the same age group to be currently uninsured, twice as likely to have been uninsured sometime in the past 12 months, and twice as likely to have been uninsured all of the last 12 months.
- Most uninsured Georgians work or are the dependent of someone who works
- North rural Georgia has higher rates of non-coverage than state average;
- South rural Georgia has the highest rate of non-coverage
- Atlanta has the lowest rate of non-coverage
- The uninsured are more likely to miss work or school than the insured in Georgia. The insured missed 4 days on average while the uninsured missed an average of 8 days.

Additional Information about this project can be obtained by visiting the following website at [www.insuringgeorgia.org](http://www.insuringgeorgia.org)

## **CHAIR'S REPORT**

In his report to the Council Dr. Rahn indicated that the University System of Georgia (USG) is facing several financial challenges, among them, budget cuts which total \$211 million since November 2001, representing a 12.2% reduction. He noted also that the USG has \$56 million less for Fiscal Year 04 than Fiscal Year 03, though enrollment continues to burgeon. He said that fall enrollment grew from 217,000 to 233,000 this past year and spring enrollment was the highest in the history of the system, both in terms of head count and credit hour generation. He noted that for both MCG and MCG Health System, Inc., there has been a double impact due to reductions in Medicaid; indigent care funding and USG appropriations. He recognized further challenges to the system which include skyrocketing malpractice insurance rates, ever-increasing cost of new technology and increases in salaries due to workforce shortages.

Dr. Rahn indicated that there are some positive indicators to the MCG Health System including an increase in patient volume (up 30% over the past three years), lower mortality, higher patient satisfaction, and reduced cost per case from around \$10,000 to \$7,500. He also noted that applications across all schools are up 14% and there have been excellent educational performance indicators. Furthermore, all programs are fully accredited and, in the area of research, extramural funding is up 25% through the first three-quarters. Philanthropic contributions are up 50% as compared to last year and minority inclusion in first year class increased 35%. He announced that the MCG has a permanent dean in the School of Dentistry, Connie Drisko. There is only one vacant chair position in the School of Medicine (Biochemistry). The school has filled 7 positions over the past 1½ years with national caliber individuals.

Dr. Rahn indicated that the MCG has five sources of revenue: state appropriation, tuition, grants and contracts, patient care revenue, and gifts and endowment. Tuition will be increased 15% to meet obligations. He said that this is still a great bargain.

Dr. Rahn said that MCG received funding through bond package for cancer research building and an emergency project satellite energy plant totaling \$15 million. The Health System is in the process of raising funds for the remainder of the project, which will cost \$54 million. He noted that the Georgia Cancer Coalition announced the Regional Programs of Excellence to the Southwest Georgia Cancer Coalition, Southeast Georgia Cancer Alliance, Southeast Georgia Cancer Alliance and East

Georgia Cancer Network. The Medical College of Georgia/University of Georgia, Athens received provisional designation status as a State Center of Excellence. Funding decisions for these programs will be made separately. Representatives of the MCG/UGA will meet with GCC Center to review the concerns of the reviewers and develop an action plan that will enable the Center to execute a full center designation agreement.

Dr. Rahn indicated that there are many issues that continue to plague the health system, including workforce, Medicare & Medicaid, prescription drugs, capital requirements, professional liability, and providing care for the uninsured. These issues have the potential to create a catastrophic impact on the delivery of healthcare in our local communities.

## **DEPARTMENT AND DIVISION UPDATE**

Dr. Rahn called on Valerie Hepburn to provide the Department and Division update. Ms. Hepburn reported on the following:

**Budget and Legislation:** Ms. Hepburn indicated the Georgia General Assembly passed a budget of \$16 billion for '04 fiscal year. She reviewed highlights of both the FY2003 Amended Budget and the FY2004 General Budget. Among the legislation that was passed during the session that impacts the Department is HB56. This legislation, if signed by the Governor, moves the Georgia Board for Physician Workforce and the State Medical Education Board from the administration of the Department of Community Health to the Board of Regents. Copies of the DCH budget and legislative summaries were included in member packets.

**Georgia Cancer Coalition:** Ms. Hepburn echoed Dr. Rahn's comments regarding designation announcements. Copies of the GCC press releases were included in members' packets.

**Childhood Obesity Research:** Ms. Hepburn reported on a research project that was just completed by UGA and MCG through the Georgia Center for Obesity and Related Disorders (GCORD). The research sought to establish the rate of overweight among young people in Georgia. The preliminary findings, presented at a recent conference in Athens, noted that children in Georgia are more likely to be overweight, with over 37% considered too heavy. The following recommendations were made:

- A Georgia Obesity Taskforce could be established that bring public and private groups together to prioritize efforts
- An ecological approach is needed to assess social and environmental factors that increase the risk of poor dietary and activity behaviors
- Families, schools and communities need to work together and take responsibility
- School-based monitoring of height and weight is essential to monitor progress.

**Dental Survey:** Ms. Hepburn indicated that during February and March MCG/Statewide AHEC System and the Healthcare Workforce Policy Advisory Committee issued a comprehensive four-page survey to a random sample of 800 dentists holding Georgia licenses. The following are some of the highlights of the survey: More than half of the dentists responded to the survey. 83% or respondents were male; 17% female; 88% white, 6% African-American and other minorities. The median age of respondents was 49 years old. 70% reflect working between 32 and 40 hours per

week in dental practice; 15% each indicate working more than 40 hours and less than 32 hours. While 50% of respondents indicate that they are treating all patients that present and are not overworked, nearly 40% indicate that they are either overworked or too busy to treat all patients seeking care. 60% of respondents were educated in Georgia. Nearly 80% of respondents indicate that they would choose to be a dentist again and that they would recommend dentistry as a profession. The committee is continuing its work in this area.

## **REPORT FROM THE AMBULATORY SURGERY SERVICES TAC**

Dr. Rahn called on William “Buck” Baker to provide a report of the work of the Ambulatory Surgery TAC. Dr. Baker indicated that the TAC held its first meeting on May 6<sup>th</sup>. At the meeting, Clyde Reese, General Counsel for the Department, provided an overview of the regulatory framework and Valerie Hepburn provided an overview of the current component plan. The committee established several planning principles and identified additional data and information that they would need to support their deliberations. Another meeting is scheduled for Tuesday, June 24<sup>th</sup>, in the 2 Peachtree Building. Everyone is invited to attend.

## **UPDATE ON SPECIALIZED CARDIOVASCULAR SERVICES**

In the absence of Elizabeth Brock, Chair of the Specialized Cardiovascular Services TAC, Dr. Rahn called on Valerie Hepburn to provide an update on the activities regarding Specialized Cardiovascular Services. She indicated that at its November 2002 meeting, the Reconvened Cardiovascular Services TAC “agreed to reconvene in six months with the expectation that some information might be available from ACC (American College of Cardiology) to guide TAC decisions.” The focus of the TAC’s work had been consideration of a proposal to establish certain hospital-based sites where PCI (angioplasty) could be performed without open-heart surgical backup, as required under the current health planning guidelines. The ACC guidelines currently do not support PCI without open heart surgical back up. The ACC, however, is in the process of reviewing these guidelines and is scheduled to release an update in Fall/Winter 2003 (as represented through official materials from the ACC). She noted that Division staff has been tracking activities in other states and other national initiatives. Ms. Brock is planning to send materials to TAC members and will elicit their recommendations regarding the need to reconvene.

## **UPDATE ON THE HEALTH CARE WORKFORCE POLICY ADVISORY COMMITTEE**

In the absence of Dr. Charlene Hanson, member of the Health Care Workforce Policy Advisory Committee (PAC), Dr. Rahn called on Ben Robinson to provide a report of the activities of the PAC. Mr. Robinson informed the group of the PAC’s efforts to bolster the output and capacity of Georgia’s post-secondary education systems, increase recruitment efforts targeting youth and second career adults, improve facility work environments to foster increased retention, and improve the state’s ability to effectively monitor the condition of the health care workforce.

## **OTHER BUSINESS**

There being no further business, the meeting adjourned at 1:10 pm. Health Strategies Council members and guests were invited to attend a brief tour of the Shepherd Center.

Minutes taken on behalf of Chair by Stephanie Taylor and Valerie Hepburn.

Respectfully Submitted,

Daniel W. Rahn, M.D., Chair